| Electronic Patent                    | App | lication Fe   | e Transı | mittal |                         |  |  |  |  |
|--------------------------------------|-----|---|----------|--------|-------------------------|--|--|--|--|
| Application Number:                  | 10  | 10751292  |          |        |                         |  |  |  |  |
| Filing Date:                         | 02  | 02-Jan-2004   |          |        |                         |  |  |  |  |
| Title of Invention:                  |     | Computerized method and system for inferring genetic findings for a patient |          |        |                         |  |  |  |  |
| First Named Inventor/Applicant Name: | Ma  | Mark A. Hoffman   |          |        |                         |  |  |  |  |
| Filer:                               | Pe  | Peter J. Hoeller/Beth Rush  |          |        |                         |  |  |  |  |
| Attorney Docket Number:              | CF  | CRNC.107055   |          |        |                         |  |  |  |  |
| Filed as Large Entity                |     |   |          |        |                         |  |  |  |  |
| Utility Filing Fees                  |     |   |          |        |                         |  |  |  |  |
| Description                          |     | Fee Code  | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |  |  |
| Basic Filing:                        | -   |   |          |        |                         |  |  |  |  |
| Pages:                               |     |   |          |        |                         |  |  |  |  |
| Claims:                              |     |   |          |        |                         |  |  |  |  |
| Miscellaneous-Filing:                |     |   |          |        |                         |  |  |  |  |
| Petition:                            |     |   |          |        |                         |  |  |  |  |
| Patent-Appeals-and-Interference:     |     |   |          |        |                         |  |  |  |  |
| Post-Allowance-and-Post-Issuance:    |     |   |          |        |                         |  |  |  |  |
| Extension-of-Time:                   |     |   |          |        |                         |  |  |  |  |
| Extension - 2 months with \$0 paid   |     | 1252  | 1        | 460    | 460                     |  |  |  |  |

| Description                       | Fee Code | Quantity          | Amount | Sub-Total in<br>USD(\$) |  |
|-----------------------------------|----------|-------------------|--------|-------------------------|--|
| /liscellaneous:                   |          |                   |        |                         |  |
| Request for continued examination | 1801     | 1                 | 810    | 810                     |  |
|                                   | Tota     | Total in USD (\$) |        |                         |  |